

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52 a

06290

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Mechanicville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Mechanicville, Md
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County St. Marys Co
 City or town Mechanicville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Horace Hunt Bowling

3. (b) Social Security Number

216-12-4710

4/ Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Helena Joy Bowling
 6. (c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) Aug-12-1886
 8. AGE: Years 59 Months 11 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Bryantown Charles Maryland
 (Town, county, and state)

10. Usual occupation Salesman & Farmer

11. Industry or business

12. Name Aloysius E. Bowling

13. Birthplace Charles Co

14. Maiden name Mary C. Hunt

15. Birthplace Prince Georges Co

16. Informant Horace H. Bowling Jr

Address Mechanicville Maryland

17. Burial Date thereof July 31, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Aloysius Cemetery

Location Leonardtown Maryland

18. Funeral director W. C. Mattingley, Sons

Address Leonardtown Maryland

19. 7/31/47 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1947, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 1947 to July 27 1947

and that I last saw him 5:20 alive on July 27 1947

Immediate cause of death Carcinoma

DURATION

Due to Carcinoma

Due to Carcinoma

Other conditions Carcinoma

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. D. Chappell M. D. or other _____

Address Frederick Md Date signed 7/29/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Oakville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Oakville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mechumsville P.O. #1
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race colored 6. (a) Single, married, widowed, or divorced Infant
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) July 5 - 1947 6. (c) If alive, give age _____ years
 8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Oakville St Marys Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name James Melvin Coats

13. Birthplace St Marys Co

14. Maiden name Pauline Chase

15. Birthplace St Marys Co

16. Informant James M. Coats

Address Mechumsville Md

17. Burial Date thereof July 7, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory On premises

Location near Oakville

18. Funeral director Wm. C. Mattingly Sons

Address Leonardtown Md

19. 7/7 47 Cavalry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1947, at 5:30 A.M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 _____ 19____ on July 7, 1947
 and that I last saw him _____ alive on _____ 19____
 Immediate cause of death suffocation

DURATION

Due to Head Cold and
accidental asphyxiation
sleeping in bed
with mother
 Due to _____
 Other conditions _____

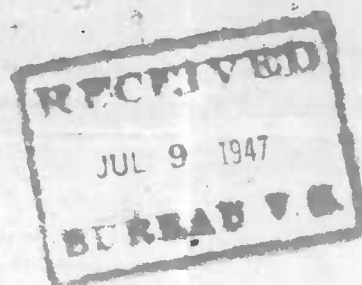
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James M. Coats M. D. or other _____
 Address Leonardtown Md Date signed 7-7-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06292 286

1. PLACE OF DEATH:

County St. Mary's
City or town Rural Avenue
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County St. Mary's
City or town Rural Avenue
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George Robert Dyson

3. (b) Social Security Number

4. Sex m 5. Color or race col 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Jane Louise Dyson

7. Birth date of deceased (mo., day, yr.) 8-20-1888 6.(c) If alive, give age 58 years

8. AGE: Years 69 Months 11 Days 10 If less than one day hrs. min.

9. Birthplace Prince Georges Co. Md.
(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business

12. Name Richard Henry Dyson

13. Birthplace Prince Georges Co. Md.

14. Maiden name Mrs. Janet R. Dyson

15. Birthplace Prince Georges Co. Md.

16. Informant Charles Henry Dyson

Address Avenue

17. Buried Date thereof 5-1-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woodlawn

Location Buried

18. Funeral director Mr. C. V. ...

Address ...

19. 2-30-47 1947 17. V. Dyson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30-47 1947 at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-47 to 7-30-47 and that I last saw him alive on 7-29-47

Immediate cause of death Coronary artery disease

Due to ...

Due to Second stroke

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address ... Date signed 7-30-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 5 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

176

06293

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County.....*St Marys*
 City or town.....*Donagherty Md*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*2 days*
 Hospital, institution, or street address where death occurred:
St Marys Hosp Leonardtown Md
 How long in hospital or institution?.....*2 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....*md* County.....*St Marys*
 City or town.....*(St Marys) Charlotte Hall Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elijah Gilard
 4. Sex.....*M* 5. Color of face.....*Col* 6.(a) Single, married, widowed, or divorced.....*married*
 6.(b) Name of husband or wife.....*Sally Walters* 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....*November 1947*
 8. AGE: Years.....*41* Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....*S Carolina*
 (Town, county, and state)
 10. Usual occupation.....*Farmer*
 11. Industry or business.....*on farm*
 12. Name.....*E. H. H.*
 13. Birthplace.....*S. C.*
 14. Maiden name.....*E. H.*
 15. Birthplace.....*S. C.*

16. Informant.....*Barbara Palmer*
 Address.....*Laurelton Va*
 17. (Burial, cremation, or removal) Which?.....*Buried* Date thereof.....*7-4-47*
 (month) (day) (year)
 Cemetery or crematory.....*Int Calvary*
 Location.....*St Marys*
 18. Funeral director.....*Edmond M. Orsade*
 Address.....*Hughesville Md*
 19. *7-13-47* Registrar
 (Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*7-2nd 1947* at.....*7 P.M.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*received deceased on July 31, 1947*
 and that I last saw him.....alive on.....19.....
 Immediate cause of death.....*Pneumonia*
via of lower lobe
 Due to.....*traumatism*
 Due to.....*Heart chest crushed*
between tractor and truck
 Other conditions.....*of heart 7-12-47*
 (Include pregnancy within 3 months of death)
 Major findings of operations.....*which would bury on this date*
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide.....*accident* Date of.....*7-2-47*
 Where did injury occur?.....*New in contact St Marys Md*
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....*on highway*
 Means of injury.....*Crushed between* Injured at work?.....*Yes*
 23. SIGNATURE.....*Walter G. Trench*
 M. D. or other
 Address.....*Laurelton Va* Date signed.....*7-2-47*

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

MEDICAL CERTIFICATION

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JUL 7 1947
BUREAU 6

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06294

Reg. Dist. No. 782

1. PLACE OF DEATH:

County St. Marys
 City or town Tall Timbers
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 months
 Hospital, institution, or street address where death occurred:

 Now long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Tall Timbers
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia Katona

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife X Frank Katona
 7. Birth date of deceased (mo., day, yr.) November 26, 1911 6.(c) If alive, give age _____ years
 8. AGE: Years 35 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace New York City, N.Y.
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business _____

FATHER 12. Name John Waska
 13. Birthplace Russia
 MOTHER 14. Maiden name Olga Davidonich
 15. Birthplace Russia

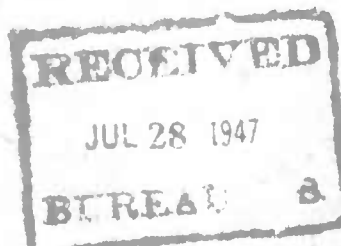
16. Informant Frank Katona
 Address Tall Timbers, Maryland
 17. Burial Burial Date thereof 7/28/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Arlington National
 Location Arlington, Virginia
 18. Funeral director P. B. Robinson
 Address Leonardtwn, Md.

19. 7-25 1947 Cannell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd 1947
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from San diego 1947
 and that I last saw h. alive on 1947
 Immediate cause of death Strangulation DURATION _____
 Due to Choking
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Autopsy results Bruise blood and skin about head
 PHYSICIAN: Please underline the cause to which death should be charged statistically neck
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Homicide Date of July 23 47
 Where did injury occur? Tall Timbers, Maryland (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Shack in home
 Means of injury Personal fight Injured at work? No
 23. SIGNATURE Francis F. Greenwell M. D. or other _____
 Address Leonardtwn, Md. Date signed 7-23-47



Evidence for charges
made shown as:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06295

FILE No: G 110 JUL 22 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County **St. Marys**
City or town **Tall Timbers**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **2 months**
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **New Jersey** County
City or town **Red Bank**
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Sarah P. Keleher

3. (b) Social Security Number

4. Sex **female**
5. Color or race **white**
6. (a) Single, married, widowed, or divorced **widowed**
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) **April 20, 1886**
6. (c) If alive, give age years
8. AGE: Years **67** Months **2** Days **25**
If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 15** 19 **47** at **6:25 P.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 15** 19 **47** to **July 15** 19 **47** and that I last saw him alive on **July 15** 19 **47**

Immediate cause of death **Cerebral Hemorrhage**
DURATION

9. Birthplace **Washington, D.C.**
(Town, county, and state)
10. Usual occupation **none**
11. Industry or business
12. Name **William F. Keleher**
13. Birthplace **Baltimore, Maryland**
14. Maiden name **Sarah Lemon**
15. Birthplace **Salem, Massachusetts**
16. Informant **Mrs. Florence Petty - Mrs. T. Keleher**
Address **4774- 25th N. Arlington, Va.**
17. **Transportation** Date thereof **7/17/47**
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory
Location **Washington, D.C.**
18. Funeral director **P.B. Robinson**
Address **Leonardtwn, Maryland.**
19. **7/19 47** Registrar **Cavalieri**
(Date rec'd by registrar)

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE **Frank A. Cavalieri**
M. D. or other
Address **Leonardtwn** Date signed **7/19/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 18 1947
BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06296

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
 City or town Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 63 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

William S. Raleigh

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Estelle Raleigh
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug. 11 1871

8. AGE: Years 75 Months 11 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Chestertown Md.
 (Town, county, and state)

10. Usual occupation Justice of Peace

11. Industry or business

12. Name S. L. Raleigh
 13. Birthplace Chestertown Md.
 14. Maiden name Mary Booth
 15. Birthplace St. Marys Co., Md.

16. Informant James B. Raleigh
 Address Ridge Md.

17. Burial Date thereof 8-2-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Michael's cemetery
 Location Ridge, Md.

18. Funeral director W. C. Mattingly Sons
 Address Leonardtown Md.

19. 8-1- 19 47
 (Date rec'd by registrar) Registrar P. J. Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 47 at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on

19. July 30 to July 30 19 47and that I last saw him alive on July 30 19 47

Immediate cause of death Chronic
valvular heart
disease
 DURATION 8-8-47

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. J. Local M. D. or otherAddress Great Mills, Md. Date signed 8-1-47

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AUG 5 1947
BUREAU C B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

06297

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St. Mary's
 City or town Mechanicville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one year
 Hospital, institution, or street address where death occurred
Mechanicville R.F.D. #2 Md
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town P.O. Box 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mechanicville
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Walter Lippett

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Ebbie Lippett

7. Birth date of deceased (mo., day, yr.) Nov - 12 - 1858 6. (c) If alive, give age years

8. AGE: Years 88 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Prince Georges Co Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Mrs Douglas Morgan

Address Mechanicville R.F.D. #2 Md

17. Burial Date thereof Aug 2, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Morganza Maryland

18. Funeral director W. C. Mattingley Sons

Address Severna Park Md

19. Aug 1 19 47 Eleanor S. Carter
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 47 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 47, to July 31 19 47

and that I last saw him alive on July 31 19 47

Immediate cause of death Myocardial Infarction

Due to old age

Other conditions old age

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Levin J. Sisk

Address E. Charles Hall Date signed 8/1-47

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AUG 2 1947

BUREAU 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Dist. No. 06298 282

1. PLACE OF DEATH:

County..... St. Mary's
 City or town..... Lexington Park Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State..... Maryland County..... St. Mary's
 City or town..... Lexington Park Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles Welch

3. (b) Social Security Number

4. Sex..... male 5. Color or race..... colored 6. (a) Single, married, widowed, or divorced..... single
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... August 7 1923
 6. (c) If alive, give age..... years
 8. AGE: Years..... 23 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Georgia
 (Town, county, and state)
 10. Usual occupation..... labor
 11. Industry or business.....
 12. Name..... Vessie Welch
 13. Birthplace..... Georgia
 14. Maiden name..... Athetta Walker
 15. Birthplace..... Georgia

16. Informant..... Vessie Welch
 Address..... 29- Depee St. NW. Wash. D.C.
 17. Transportation..... Date thereof..... 7-8-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....
 Location..... Midville, Georgia
 18. Funeral director..... P B Robinson
 Address..... Leonardtown

19. 7/8 19 47 canalio
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 7 19 47 at 7:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from midnight August 7 19 47
 and that I last saw him..... alive on August 7 19 47
 Immediate cause of death..... Pneumonia DURATION..... 14 min
thorax
 Due to..... Sanitary record
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... homicide Date of 7/7/47
 Where did injury occur?..... Lexington Pk. St. Mary's Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)..... public place
 Means of injury..... gun shot Injured at work?..... no

23. SIGNATURE..... Francis F. Leonardtown M. D. or other
 Address..... Leonardtown Date signed..... 7-8-47

RECEIVED
JUL 10 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

73d

06299

2411 N. Charles St., Baltimore

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE SHOWN ON: AN.

CERTIFICATE OF DEATH

CB

Reg. Dist. No. 282

FILE No. G 116 MAY 24 1948

1. PLACE OF DEATH:

County St. Mary's
 City or town St. Clements Island
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.City or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 1341 Ridge Place S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles E. White

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Evelyn St. Clair White7. Birth date of deceased (mo., day, yr.) April 13, 18878. AGE: Years 46 Months 3 Days 10 If less than one day hrs. min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation Retired Fireman

11. Industry or business

12. Name William White13. Birthplace Washington D.C.14. Maiden name Mary Lyons15. Birthplace Washington D.C.16. Informant Evelyn St. Clair WhiteAddress 1341 Ridge Place S.E. Washington D.C.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 23, 1947
(month) (day) (year)Cemetery or crematory Cedar Hill CemeteryLocation Washington D.C.18. Funeral director W.C. O'Connell, SonAddress Leonardtown Md.19. 7/23/47 Registrar Leonardtown Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1947 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

See deceased on July 23, 1947and that I last saw him alive on July 23, 1947Immediate cause of death CardiovascularFailureDue to unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

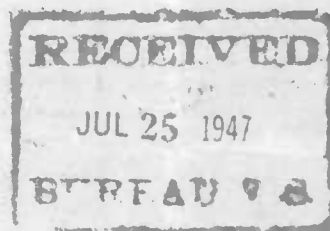
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis F. GreenwellAddress Leonardtown Md. Date signed June



7-23-1947
4-13-1882
29-10-68

06300

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH CB

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Crofton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.
 City or town Washington D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 709-7th St S.E.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry J Williams

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Mable M Williams7. Birth date of deceased (mo., day, yr.) May 25 - 18918. AGE: Years 56 Months 1 Days 20 If less than one day hrs. min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Frederick J Williams13. Birthplace Washington D.C.14. Maiden name Elle M. Lashby15. Birthplace Maryland16. Informant Frederick J WilliamsAddress 709-7th St S.E. Washington D.C.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 18-1947
(month) (day) (year)Cemetery or crematory Cedar Hill CemeteryLocation Washington D.C.18. Funeral director W. C. Mattingly SonsAddress Leonardtown Md19. 7/16 47 Registrar Charles

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1947, at 2:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from same deceased on July 16, 1947 and that I last saw him alive on July 16, 1947Immediate cause of death Cerebrovascular diseaseDue to unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis F. Gaumnert M.D.Address Leonardtown Md Date signed 7/16/47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 17 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06301

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Mary'sCity or town Helena Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Helena Maryland

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary'sCity or town Helena
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mollie Wheeler Young

3. (b) Social Security Number

4. Sex Female5. Color or race Colored6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Stephen H. Young

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Unc.13. Birthplace md14. Maiden name Olara Cecilia Wheeler15. Birthplace md16. Informant Mary ReeseAddress Helena Maryland17. Burial Date thereof July 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Joseph CemeteryLocation Maryland18. Funeral director W C Matthews & SonsAddress Seaside Md19. 7/28/47 19 47 Cecilia
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 47 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26 19 47 to July 27 19 47and that I last saw him July 27 alive on July 27 19 47Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. JohnsonAddress Morgantown M. D. or other _____Date signed 7/29/47

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JUL 30 1947
BUREAU OF